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Volunteer Reference Form

To Whom It May Concern:

Thank you for agreeing to be a reference for this potential volunteer. *Please note that references cannot be accepted from family members or friends of the applicant.* Your reference will assist YAY in assessing the suitability of the volunteer applicant to carry out his/her role as a friend and mentor. We ask that you help us in realizing our responsibility for the care and protection of the children by answering the following questions about the applicant candidly and completely.

YAY promotes a mentoring relationship by matching youth volunteers on a one-one basis with children aged 6-15 experiencing emotional, behavioural, cultural and/or social difficulties. We have been serving the community, throughout Toronto and York Region, since 1976. Volunteers are committed to spending time with their young friend once a week for at least one year.

Please be assured that all the information that you provide will be held in the strictest confidence. In order to ensure this, please return the completed form to YAY either through the mail, by fax or by placing it in a sealed envelope and asking the volunteer applicant to submit it on your behalf.

After your form is received in the YAY office, you will receive a personal phone call from the organization for verification of the reference. For this purpose, your complete home and business contact information is requested.

Please feel free to call the Youth Assisting Youth office at (416) 932-1919, if you have any questions or concerns.

Thank you for your assistance in providing a child with a responsible and dedicated volunteer.

Volunteer Applicant's Name:		
Name of Reference Person:		
Home Address:		City:
Province:	Postal Code:	Home Tel. #:
Occupation:	Employer:	Work Tel. #:
May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/> Best time to contact you:		

1.	What is your relationship to the applicant?
2.	How long have you known the applicant?
3.	How well do you know the applicant? Very well <input type="checkbox"/> Fairly well <input type="checkbox"/> Not well at all <input type="checkbox"/>
4.	Have you ever seen the applicant interact with children? Yes <input type="checkbox"/> No <input type="checkbox"/> a) If yes, please describe the circumstances: b) If no, please explain why you feel he/she can relate to a child: c) List and describe any of the applicant's previous child related work/volunteer experience you are aware of:

5.	What characteristics does the applicant have (if any) which would make him/her a positive role model for a child?
6.	How does the applicant relate to peers and other adults?
7.	Youth Assisting Youth requires a commitment of 3 hours a week for a minimum of one year. How well do you feel the applicant can assume this responsibility and commitment?
8.	Do you find the applicant sensitive towards people of diverse backgrounds? Please explain.
9.	<p>a) To the best of your knowledge, has the applicant ever been involved with the police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate:</p> <p>b) Involved with drugs or alcohol abuse? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please elaborate:</p>
10.	Do you know of any characteristics or experiences which might make it difficult for the applicant to fulfill his/her responsibilities as a positive role model? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:
11.	Would you be comfortable having the applicant as a Mentor to your own child or to a child close to you? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
12.	Please add any other comments that would be helpful with making an appropriate assessment of the Volunteer applicant?

Signature of Reference: _____

Date: _____

For YAY office use:	Case Coordinator:	Date Verification call made:
Comments:		